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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/625,898
Filing Date	July 24, 2003
First Named Inventor	Peter HEMINGWAY
Art Unit	2878
Examiner Name	P. LEE
Attorney Docket Number	1509-427

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. §1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. §1.114

- a. Previously submitted
 - i. Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on _____
(Any un-entered amendment(s) referred to above will be entered).
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. Other: _____
- b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement (IDS)
 - iv. Other: _____

2. Miscellaneous

- a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. *(Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(l) required)*
- b. Other: _____

3. Fees

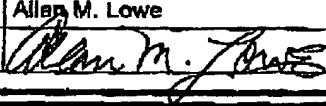
The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

- a. The Director is hereby authorized to charge any deficiency in the following fees, or credit any overpayments, to Deposit Account No. 08-2028

I. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. §1.17(e) -	\$790.00 or \$385.00	RECEIVED OIPE/IAP
II. <input type="checkbox"/> Extension of time fee (37 C.F.R. §§1.136 and 1.17) -	\$_____	
III. <input type="checkbox"/> Other: _____		
- b. Check No. _____ in the amount of \$ _____ is enclosed.
- c. Payment by Credit Card Form PTO-2038 enclosed.
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SEP 06 2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Allan M. Lowe	Registration No. (Attorney/Agency)	19,841
Signature			
Date	September 2, 2005		

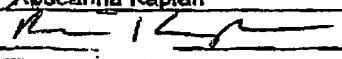
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CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Roseanna Kaplan
Signature	
Date	September 2, 2005

AML:rk

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